Indiana State Board of Nursing

Education Subcommittee September 18, 2008 report and Recommendations to the Indiana State Board of Nursing

Subcommittee Members:

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The Nursing Board Members leading this subcommittee are Marcia Laux, Connie McIntosh, and Lynda Narwold.

The Education Subcommittee met 4 times over the course of the spring and summer of this year and discussed many issues regarding the education of nurses in the State of Indiana. The following is a summary of topics considered and actions recommended:

A. **Faculty to Student Ratios**: In Indiana, the maximum faculty to student ratio for the coordination of clinical preceptorships is 1 to 10. Only one other state permits a higher ratio, at 1 to 12. Subcommittee members discussed the merits of a lower ratio, but there was general concern that even a 1 to 8 ratio is potentially too restrictive and would require additional part-time faculty. Many units are already limited to smaller faculty to student ratios due to space constraints. The consensus among subcommittee members is that the current requirement is appropriate. **Recommendation**: No Board action.

B. **Preceptor Requirements**: In the course of studying this issue, it has become apparent that hospitals and schools are generally unfamiliar with the experiential requirement imposed by the Board for RNs serving as preceptors to nursing students. Currently, preceptors are required to have at least 3 years experience as an RN. The Subcommittee discussed several alternatives and the potential impact on the availability of preceptors and the quality of education for the nursing student. One alternative that generated quite a bit of interest among the subcommittee members is the thought that preceptors should be educated at or above the same degree level as the student in the program. This would ensure the highest level of education from preceptors but prevent an associate's degree RN from precepting for a student nurse enrolled in a Bachelor of Science in Nursing program. The subcommittee agreed that this should be a preference, but that there are too many imaginable situations where a veteran ASN RN nurse may be the only option or simply the best equipped to serve as a preceptor for the BSN student. **Recommendation**: Amend the current rule to require only 2 years experience as an RN, but also state a preference in that amended rule that

the nurse preceptor have at least the same level of education as the program the nursing student is enrolled in. There should also be an increased effort by PLA staff to educate the nursing community on the role of preceptors and preceptor requirements in Indiana.

C. **Faculty Qualifications**: The Subcommittee surveyed other states to compare the types of qualifications required for nursing school faculty across the country. For LPN programs, all but one state required a minimum of a BSN to serve as faculty, most did not specifically require work experience, and only a handful required that the nurse have educational preparation in adult education and learning principles. For RN programs, most states required either a master's degree or some other higher education beyond the BSN. At least 17 states stipulate a specific number of years experience providing direct patient care for nurse faculty members. Some states also differentiate the requirements for those teaching clinical courses, requiring a BSN instead of an MSN. The NCSBN has recently adopted changes to its' model rules that would require LPN program faculty to have a minimum of a MSN. The Subcommittee agreed that there is no desire to relax the current faculty requirements in Indiana, but that care must be taken to not make it any more difficult than it already is for nursing programs to attract and retain qualified nurse faculty. **Recommendation:** Amend the RN faculty qualifications rule from requiring a master's degree to requiring a graduate degree – this will accommodate potential faculty hires who have achieved a doctoral level degree straight from their bachelor's.

D. **Continued Competency Demonstration for lapsed renewal applicants:** The Subcommittee discussed the role of the Board in ensuring continued competency for nurses out of the practice or who have let their license lapse. The Subcommittee discussed the importance of employers in ensuring competence. There was also discussion on the potential use of refresher courses for nurses who have been long expired and are coming back into the practice. Refresher courses are valuable because they often offer a clinical component, but are almost always only an option for nurses with a valid license. The Subcommittee discussed the possibility of a temporary limited license for lapsed licensees for the purpose of attending a refresher course. **Recommendation:** There is no recommendation to the Board at this time, and this issue will be studied for discussion at future meetings.

E. **Full-Time to Part-Faculty Ratio:** The Subcommittee discussed the interpretation of the nursing program faculty requirement that states that "the majority of faculty shall be full-time employees of the institution". In several instances on nursing programs' annual reports for 2007, it was noted that by the numbers, there were many programs that had a greater number of part-time faculty members than full-time faculty. Initially, PLA staff reviewing for this provision found these programs noncompliant for this requirement. However, the programs' response in several cases compared the hours of instruction taught by full-time faculty vs. part-time faculty to determine compliance with the requirement. **Recommendation:** The Subcommittee recommends the Board find nursing programs in compliance with the majority full time faculty if they can demonstrate that the number of hours taught by

full-time faculty exceeds the number of instructional hours taught by all other nursing program faculty.

F. **Simulation Clinical Hours:** The Subcommittee continued discussion on the inclusion of a definition of "simulation" in the rules. Mindy Yoder recommended a broad definition authored by the NCSBN. There was some discussion on whether the Board should only be concerned with so-called hi-fidelity simulation, as it offers the greatest risk to traditional clinical experiences. **Recommendation:** The Subcommittee agreed to recommend the NCSBN definition be included at 848 IAC 1-2-16:

848 IAC 1-2-16

*Add the following information as **new "(f)"** placed immediately before the old "(f)" which starts with "Observational experiences…"*

(f) "Simulation experiences shall be determined by the philosophy, mission, and objectives of the program. As used in this subsection, "simulation experiences" means an educational strategy which imitates the working environment and requires the learner to demonstrate procedural techniques, decision-making and critical thinking (NCSBN, 2005)

Simulation experiences shall:

(1) be planned, guided and supervised by the faculty
(2) have clearly defined outcomes
(3) integrate feedback, debriefing and/or guided reflection
(4) be included in the program's annual report to the board

The Subcommittee also agreed to request information be reported in annual reports to be sure that programs are reporting both high fidelity simulation hours and other types of simulation hours is to have that spelled out on the template report form. To minimize program tracking issues, the Subcommittee suggests two categories on the template: (1) high fidelity simulation (2) Other simluation (ie. computer & web based programs, low-fidelity simulation, partial-task trainers).

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